

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known) _____ Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | |
|---|---|---|
| 1. Debtor's name | <u>Keen Mobility Company</u> | |
| <hr/> | | |
| 2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small> | | |
| <hr/> | | |
| 3. Debtor's federal Employer Identification Number (EIN) | <u>32-0032903</u> | |
| <hr/> | | |
| 4. Debtor's address | Principal place of business <u>9510 SE Main St</u> <u>Portland, OR 97222</u> <small>Number, Street, City, State & ZIP Code</small> <u>Clackamas</u> <small>County</small> | Mailing address, if different from principal place of business _____ <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business _____ <small>Number, Street, City, State & ZIP Code</small> |
| <hr/> | | |
| 5. Debtor's website (URL) | <u>https://www.keenhealthcare.com/</u> | |
| <hr/> | | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____ | |
| <hr/> | | |

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
☐ Chapter 9

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

☐ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Keen Mobility Company

Name

Case number (if known)

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 19, 2021**
MM / DD / YYYY

X /s/ Timm Nielsen
Signature of authorized representative of debtor

Title **CEO**

Timm Nielsen
Printed name

18. Signature of attorney

X /s/ Troy G. Sexton OR:
Signature of attorney for debtor

Date **March 19, 2021**
MM / DD / YYYY

Troy G. Sexton OR: 115184
Printed name

Motschenbacher & Blattner, LLP
Firm name

**117 SW Taylor St., Suite 300
Portland, OR 97204**
Number, Street, City, State & ZIP Code

Contact phone **(503) 417-0500** Email address **tsexton@portlaw.com**

OR: 115184 OR
Bar number and State

**United States Bankruptcy Court
District of Oregon**

In re **Keen Mobility Company**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ **FLAT FEE**

| | | |
|---|----|-------------------------|
| For legal services, I have agreed to accept | \$ | <u>15,727.50</u> |
| Prior to the filing of this statement I have received | \$ | <u>15,727.50</u> |
| Balance Due | \$ | <u>0.00</u> |

☐ **RETAINER**

| | | |
|--|----|-------|
| For legal services, I have agreed to accept and received a retainer of | \$ | _____ |
| The undersigned shall bill against the retainer at an hourly rate of | \$ | _____ |

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify): _____

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify): _____

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

In re **Keen Mobility Company**

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 19, 2021

Date

/s/ Troy G. Sexton OR:

Troy G. Sexton OR: 115184

Signature of Attorney

Motschenbacher & Blattner, LLP

117 SW Taylor St., Suite 300

Portland, OR 97204

(503) 417-0500 Fax: (503) 417-0501

tsexton@portlaw.com

Name of law firm

CHAPTER 7 FEE AGREEMENT

This AGREEMENT is made between the law firm of Motschenbacher & Blattner LLP ("Law Firm") and Keen Mobility Company ("Client").

Client employs the Law Firm and Staff to represent Client in the preparation and filing of a Chapter 7 case under the U.S. Bankruptcy Code. Client shall pay a flat fee of \$15,727.50, exclusive of filing fee, for the preparation and filing of a Chapter 7 case, pre-bankruptcy planning and transactional work and defense work related to collection actions.

These fees are earned on receipt. Payment indicates Client's understanding that these fees will not be deposited into Law Firm's Lawyer-Trust Account. The basic Chapter 7 fee agreed upon by Client DOES NOT include services related to :

1. Relating to any objection to discharge of a debt or debtor.
2. A motion to excuse a Debtor for not appearing.
3. Redemption of property from a lien.
4. "Avoiding" a lien or a motion to fix the value of a lien
5. Relating to an order to appear before the Court for failure to obey any order of the U.S. Bankruptcy Court.
6. Involving an alleged violation by a creditor of Section 362 or Section 524.
7. To dismiss this proceeding.
8. Representing Client to resist motions to lift the stay.
9. To obtain abandonment by the Trustee of an asset.
10. Representing Client to discharge a student loan.
11. Proceedings to determine dischargeability of any debt.
12. Relating to a continued Meeting of Creditors.
13. Representing Client in depositions under Bankruptcy Rule 2004.
14. Objections to exemptions by the Trustee.
15. Contested valuation hearings related to asset values.
16. Addition of creditors after Schedules have been filed will require a \$150.00 attorney fee.

If Client needs representation on any of these matters, Client understands that the Law Firm will charge on an hourly basis, at prevailing hourly rates currently:

| | | |
|-----------------------|-----------|-----------------|
| Nicholas J. Henderson | Partner | \$450.00 / hour |
| Troy G. Sexton | Associate | \$350.00 / hour |
| Legal Assistants | Staff | \$150.00 / hour |

Client grants to the Motschenbacher & Blattner LLP, and to Troy G. Sexton (OSB #115184), power of attorney to execute all necessary documents, including pleadings, commercial paper, negotiable instruments including checks made payable to Client, settlement agreements, releases, verifications, dismissals, and all documents that the

Law Firm could otherwise properly execute in connection with representation of the Client.

Client may discharge Law Firm at any time, and in that event may be entitled to a refund of all or part of the fee if the services for which the fee was paid are not completed. Attorney reserves the right to withdraw from further representation of Client at any time on reasonable written notice to Client at Client's last known mailing address.

If Client discharges Law Firm or Law Firm withdraws from Client's case before Law Firm has completed the services for which Law Firm is employed under this agreement, Law Firm is entitled to a fee that is proportional to the amount of work completed by Law Firm. Any unearned fees shall be refunded to Client. Client shall be responsible for all costs incurred in Client's case.

CLIENT:

Keen Mobility Company



Timm Nielsen, Authorized Agent.

| | |
|--------------------------------|--|
| TITLE | Revised Fee Agreement |
| FILE NAME | Ch. 7 Fee Agreement (00430190xE9B64).PDF |
| DOCUMENT ID | d99182c321e5a5c64bd4364335a0d5b0c516096c |
| AUDIT TRAIL DATE FORMAT | MM / DD / YYYY |
| STATUS | ● Completed |

Document History



SENT

03 / 19 / 2021

13:48:00 UTC

Sent for signature to Timm Nielsen
(tnielsen@keenhealthcare.com) from tsexton@portlaw.com
IP: 96.95.137.9



VIEWED

03 / 19 / 2021

15:44:36 UTC

Viewed by Timm Nielsen (tnielsen@keenhealthcare.com)
IP: 96.89.103.121



SIGNED

03 / 19 / 2021

21:11:14 UTC

Signed by Timm Nielsen (tnielsen@keenhealthcare.com)
IP: 96.89.103.121



COMPLETED

03 / 19 / 2021

21:11:14 UTC

The document has been completed.

Fill in this information to identify the case:

Debtor name Keen Mobility Company

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 19, 2021

X /s/ Timm Nielsen

Signature of individual signing on behalf of debtor

Timm Nielsen

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Keen Mobility Company**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:
Copy line 91A from *Schedule A/B*..... \$ **5,060,456.38**

1c. Total of all property:
Copy line 92 from *Schedule A/B*..... \$ **5,060,456.38**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **516,363.52**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,540,679.47**

4. Total liabilities
Lines 2 + 3a + 3b \$ **2,057,042.99**

Fill in this information to identify the case:Debtor name **Keen Mobility Company**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B**
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand** **\$30.00****2. Cash on hand** **\$36,546.15****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells Fargo **Checking** **3991** **\$264.92****3.2. Wells Fargo** **Checking** **5971** **\$90.93****3.3. Wells Fargo** **Checking** **2482** **\$26,189.75****3.4. Beneficial Bank Checking** **\$3,460.00****4. Other cash equivalents (Identify all)****4.1. Excess cash held in attorney trust account** **\$8,937.50**

Debtor Keen Mobility Company
Name

Case number (If known) _____

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$75,519.25

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **PGE Deposit** **\$1,211.00**

7.2. **Rent Deposit: Milwaukie Location** **\$9,097.00**

7.3. **Prepaid Lease: Palm Desert Office** **\$5,500.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$15,808.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **169,580.00** - **0.00** = **\$169,580.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **22,585.00** - **0.00** = **\$22,585.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$192,165.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

Debtor Keen Mobility Company
Name

Case number (If known) _____

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 19. | Raw materials Foam and Fabric | 2018 | \$274,604.00 | Recent cost | \$274,604.00 |
| 20. | Work in progress Unfinished mattresses and cushions | 2018 | \$531.13 | Recent cost | \$531.13 |
| 21. | Finished goods, including goods held for resale Goods for resale | 9/2020 | \$307,283.00 | Recent cost | \$307,283.00 |
| 22. | Other inventory or supplies Packaging Materials | 2/2021 | \$31,406.00 | Recent cost | \$31,406.00 |

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$613,824.13

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---------------------|---|---|------------------------------------|
| 39. | Office furniture | | | |

Debtor Keen Mobility Company
Name

Case number (If known) _____

| | | | |
|------------------|------------|-------------|------------|
| Office Furniture | \$2,562.00 | Liquidation | \$2,562.00 |
|------------------|------------|-------------|------------|

| | | | |
|------------------|----------|-------------|----------|
| Office Equipment | \$441.00 | Liquidation | \$441.00 |
|------------------|----------|-------------|----------|

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$3,003.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | | |
|-------|-----------------------------------|--------|-------------|------------|
| 47.1. | 2006 Ford F150 227,220 Miles Fair | \$0.00 | Replacement | \$2,525.00 |
|-------|-----------------------------------|--------|-------------|------------|

| | | | | |
|-------|------------------------------|--------|-------------|------------|
| 47.2. | 2010 Ford F150 202,235 miles | \$0.00 | Replacement | \$5,288.00 |
|-------|------------------------------|--------|-------------|------------|

| | | | | |
|-------|--|--------|-------------|------------|
| 47.3. | 2012 Ford Cargo Van 182,100 Miles Fair | \$0.00 | Replacement | \$5,055.00 |
|-------|--|--------|-------------|------------|

| | | | | |
|-------|---------------------------------|--------|--|------------|
| 47.4. | 2012 Ford Econoline 162285 Fair | \$0.00 | | \$4,796.00 |
|-------|---------------------------------|--------|--|------------|

| | | | | |
|-------|-----------------------------|--------|--|-------------|
| 47.5. | 2015 Ford F150 120,000 Fair | \$0.00 | | \$10,841.00 |
|-------|-----------------------------|--------|--|-------------|

| | | | | |
|-------|------------------------------|--------|--|--------|
| 47.6. | 2018 Ford Expedition- Leased | \$0.00 | | \$0.00 |
|-------|------------------------------|--------|--|--------|

| | | | | |
|-------|------------------------------------|--------|--|-------------|
| 47.7. | 2018 Lincoln MKZ 26,246 Miles Good | \$0.00 | | \$20,534.00 |
|-------|------------------------------------|--------|--|-------------|

| | | | | |
|-------|--------------------------|--------|--|-------------|
| 47.8. | 2020 Lincoln Continental | \$0.00 | | \$38,274.00 |
|-------|--------------------------|--------|--|-------------|

Debtor Keen Mobility Company Case number (If known) _____
Name

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Cutting Table, sewing machines

\$0.00

\$7,987.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$95,300.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

NOL

Tax year 2015

\$4,064,837.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of**

Debtor Keen Mobility Company
Name

Case number (If known) _____

every nature, including counterclaims of the debtor and rights to set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$4,064,837.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Keen Mobility Company**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$75,519.25 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$15,808.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$192,165.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$613,824.13 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$3,003.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$95,300.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$4,064,837.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$5,060,456.38 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$5,060,456.38 |

Fill in this information to identify the case:

Debtor name **Keen Mobility Company**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|------------|---|--|--|----------------|
| 2.1 | Ford Motor Credit <small>Creditor's Name</small> PO Box 790072 Saint Louis, MO 63179 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 12/22/2020 Last 4 digits of account number 5609 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien 2020 Lincoln Continental Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38,769.00 | Unknown |

| | | | | |
|------------|---|---|--------------------|--------------------|
| 2.2 | Ford Motor Credit <small>Creditor's Name</small> PO Box 790072 Saint Louis, MO 63179 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 4348 Do multiple creditors have an interest in the same property? | Describe debtor's property that is subject to a lien 2018 Lincoln MKZ 26,246 Miles Good Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply | \$17,819.00 | \$20,534.00 |
|------------|---|---|--------------------|--------------------|

Debtor **Keen Mobility Company**

Name

Case number (if known)

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 John Crotty**

Creditor's Name

**709 Mountain Road
Lake Bluff, IL 60044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**8/21/2017****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets**Unknown****Unknown**

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 McKesson Corp**

Creditor's Name

**4345 Southpoint Blvd
Jacksonville, FL 32216**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**11/28/2016****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets**\$456,908.09****\$0.00**

Describe the lien

Judgment Lien/ UCC Filing

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Oregon Department of Revenue**

Creditor's Name

**ODR Bkcy
955 Center NE, #353
Salem, OR 97301-2553**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All Assets**\$2,867.43****\$0.00**

Describe the lien

Tax Lien

Is the creditor an insider or related party?

☒ No

Debtor **Keen Mobility Company**

Name

Case number (if known)

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

3/5/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$516,363.52

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**R. Hunter Bitner II
Slinde Nelson
425 NW 10th Ave, Suite 200
Portland, OR 97209**

Line **2.4**

Fill in this information to identify the case:Debtor name **Keen Mobility Company**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|-----|--|---------------------|
| 3.1 | Nonpriority creditor's name and mailing address 1800Wheelchair.com 515 Canal St Unit C1 New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____ | \$293.00 |
| | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.2 | Nonpriority creditor's name and mailing address Airgas USA, LLC PO Box 102289 Pasadena, CA 91189 Date(s) debt was incurred ____ Last 4 digits of account number ____ | \$2,434.40 |
| | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.3 | Nonpriority creditor's name and mailing address Ardo Medical, Inc 13800 Coppermine Rd Herndon, VA 20171 Date(s) debt was incurred ____ Last 4 digits of account number ____ | \$1,625.18 |
| | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.4 | Nonpriority creditor's name and mailing address Beneficial State Bank 2002 NE MLK Jr. Blvd Portland, OR 97212 Date(s) debt was incurred ____ Last 4 digits of account number ____ | \$188,468.22 |
| | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PPP Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | |
|--|-------------------------------------|------------------------------|
| | Debtor Keen Mobility Company | Case number (if known) _____ |
| | Name _____ | |

| | | | |
|-----|--|--|-------------------|
| 3.5 | Nonpriority creditor's name and mailing address Bradshaw Advertising 811 NW 19th Portland, OR 97209 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,105.40 |
|-----|--|--|-------------------|

| | | | |
|-----|--|--|--------------------|
| 3.6 | Nonpriority creditor's name and mailing address Brian Bremer 240 Waterside Circle #202 Marco Island, FL 34145 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$73,437.50 |
|-----|--|--|--------------------|

| | | | |
|-----|---|--|-------------------|
| 3.7 | Nonpriority creditor's name and mailing address Brightree LLC 125 Technology Parkway Peachtree Corners, GA 30092 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,552.75 |
|-----|---|--|-------------------|

| | | | |
|-----|---|--|---------------------|
| 3.8 | Nonpriority creditor's name and mailing address Buyher Family Trust 8702 53rd Place East Bradenton, FL 34211 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
|-----|---|--|---------------------|

| | | | |
|-----|---|--|-------------------|
| 3.9 | Nonpriority creditor's name and mailing address Capital Credit and Collection Service 10200 SW Eastridge St Suite 201 Portland, OR 97225 Date(s) debt was incurred <u>2/1/2021</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,937.50 |
|-----|---|--|-------------------|

| | | | |
|------|--|--|-------------------|
| 3.10 | Nonpriority creditor's name and mailing address City of Milwaukie PO Box 35147 Seattle, WA 98124-5147 Date(s) debt was incurred _____ Last 4 digits of account number <u>3979</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,158.51 |
|------|--|--|-------------------|

| | | | |
|------|---|--|-----------------|
| 3.11 | Nonpriority creditor's name and mailing address Clifton Care Center 625 Probasco St Cincinnati, OH 45220 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$456.50 |
|------|---|--|-----------------|

| | | | |
|------|---|--|--------------------|
| 3.12 | Nonpriority creditor's name and mailing address Colleen A. Seeger 643 S Cook St Barrington, IL 60010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,250.00 |
| 3.13 | Nonpriority creditor's name and mailing address Comcast P.O. Box 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred ____ Last 4 digits of account number 4376 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$559.93 |
| 3.14 | Nonpriority creditor's name and mailing address Comcast PO Box 60533 City Industry, CA 91716-0533 Date(s) debt was incurred ____ Last 4 digits of account number 9314 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$758.78 |
| 3.15 | Nonpriority creditor's name and mailing address Comfort Company 509 S. 22nd Ave Bozeman, MT 59718 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$482.57 |
| 3.16 | Nonpriority creditor's name and mailing address Curry Manor 9500 SW Barbur Blvd, Ste 110 Portland, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$518.50 |
| 3.17 | Nonpriority creditor's name and mailing address Dian Langenhorst 1942 Central Rd Glenview, IL 60025 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertible Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$32,812.50 |
| 3.18 | Nonpriority creditor's name and mailing address Drive Medical Design & Manufacturing 29427 Network Place Chicago, IL 60673-1294 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |

| | | | |
|------|--|---|---------------------|
| 3.19 | Nonpriority creditor's name and mailing address DSSI (Direct Supply) 6767 N. Industrial Road Milwaukee, WI 53223-5015 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,140.26 |
| 3.20 | Nonpriority creditor's name and mailing address EmpRes Healthcare Mgmt, LLC 4601 NE 77th Avenue Vancouver, WA 98662 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,810.50 |
| 3.21 | Nonpriority creditor's name and mailing address Estes Express Lines PO Box 25612 Richmond, VA 23260 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,376.84 |
| 3.22 | Nonpriority creditor's name and mailing address Evolution Technologies 2530 Davies Avenue Port Coquitlam, BC V3C 2J9 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$227.00 |
| 3.23 | Nonpriority creditor's name and mailing address Fed Ex PO BOX 7221 PASADENA, CA 91109-7321 Date(s) debt was incurred ____ Last 4 digits of account number <u>2205</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$636.62 |
| 3.24 | Nonpriority creditor's name and mailing address First Choice Medical Supply PO Box 3608 Jackson, MS 39207 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175,678.43 |
| 3.25 | Nonpriority creditor's name and mailing address Fortis Management Group LLC 111 West Michigan Street Milwaukee, WI 53203-2903 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$266.00 |

| | | | |
|------|---|--|--------------------|
| 3.26 | Nonpriority creditor's name and mailing address FP Mailing Solutions PO Box 157 Bedford Park, IL 60499-0157 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.00 |
| 3.27 | Nonpriority creditor's name and mailing address Future Mobility Products One Buffalo River Place Buffalo, NY 14210 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$264.95 |
| 3.28 | Nonpriority creditor's name and mailing address GF Health Products P.O. Box 47510 Doraville, GA 30362-0510 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.29 | Nonpriority creditor's name and mailing address Golden Technologies 401 Bridge Street Old Forge, PA 18518 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$85.00 |
| 3.30 | Nonpriority creditor's name and mailing address Green Knolls at Beloit 1905 W Hart Rd Beloit, WI 53511 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$250.00 |
| 3.31 | Nonpriority creditor's name and mailing address Guardian Elder Care PO Box 240 Brockway, PA 15824-6010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$253.50 |
| 3.32 | Nonpriority creditor's name and mailing address Harold and Margaret Bernthal 333 E. Westminster #2 Lake Forest, IL 60045 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$82,812.50 |

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| 3.33 | Nonpriority creditor's name and mailing address Hearthside Rehabilitation & Nursing Cent 450 Waupelani Drive State College, PA 16801 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$282.50 |
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| 3.34 | Nonpriority creditor's name and mailing address Henry Berling 3803 Exeter Road Richmond, VA 23221 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$29,687.50 |
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| 3.35 | Nonpriority creditor's name and mailing address Homecare Technical Services 125 Business Center Dr Ste D Corona, CA 92880-6912 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,667.65 |
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| 3.36 | Nonpriority creditor's name and mailing address Hoveround 2151 Whitfield Industrial Way Sarasota, FL 34243 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$261.50 |
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| 3.37 | Nonpriority creditor's name and mailing address HUNTER-DAVISSON INC 1800 SE Perishing Street PORTLAND, OR 97202 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,082.01 |
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| 3.38 | Nonpriority creditor's name and mailing address IMG International Marketing Group 130 Indian Cliffs Drive Chico, CA 95973 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.39 | Nonpriority creditor's name and mailing address INTENSIVE THERAPEUTICS P.O. Box 488 SARASOTA, FL 34230 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,797.18 |
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| 3.40 | Nonpriority creditor's name and mailing address InTouch GPS PO Box 425 Lakeland, FL 33802 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$71.80 |
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| 3.41 | Nonpriority creditor's name and mailing address Iron Mountain PO Box 27128 New York, NY 10087-7128 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.16 |
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| 3.42 | Nonpriority creditor's name and mailing address J2 EFax PO Box 51873 Los Angeles, CA 90051-6173 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$91.20 |
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| 3.43 | Nonpriority creditor's name and mailing address Jerry Myers Revocable Trust 2900 Indigobush Way Bradenton, FL 34211 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$98,437.50 |
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| 3.44 | Nonpriority creditor's name and mailing address Joe Holmason 4291 Collins Way Lake Oswego, OR 97035 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,367.37 |
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| 3.45 | Nonpriority creditor's name and mailing address John Crotty 709 Mountain Road Lake Bluff, IL 60044 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$110,156.25 |
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| 3.46 | Nonpriority creditor's name and mailing address Ki Mobility 5201 Woodward Dr Stevens Point, WI 54481 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$237.43 |
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| 3.47 | Nonpriority creditor's name and mailing address Kingston Care Center of Sylvania 4121 King Road Sylvania, OH 43560 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$320.00 |
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| 3.48 | Nonpriority creditor's name and mailing address Lackawanna Health Care Center 108 Terrace Drive Olyphant, PA 18447 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$185.50 |
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| 3.49 | Nonpriority creditor's name and mailing address Life Care Centers- Corp PO Box 3480 Cleveland, OH 37320-3480 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$568.50 |
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| 3.50 | Nonpriority creditor's name and mailing address Marquis Companies Corporate 4560 SE International Way Ste 100 Milwaukie, OR 97222 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$198.50 |
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| 3.51 | Nonpriority creditor's name and mailing address McCormick Medical Distribution, Inc 635 Paradise Lane Edmonds, WA 98020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,502.53 |
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| 3.52 | Nonpriority creditor's name and mailing address McKesson Medical-Surgical PO Box 204786 Dallas, TX 75320-4786 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,953.98 |
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| 3.53 | Nonpriority creditor's name and mailing address Mennonite Village 5353 Columbus St, SE Albany, OR 97321-7136 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$21.00 |
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Name

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| 3.54 | Nonpriority creditor's name and mailing address MODA Health 601 SW Second Ave. Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$639.30 |
| 3.55 | Nonpriority creditor's name and mailing address National Webbing Products Co. 45 Fairchild Avenue Plainview, NY 11803 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$570.00 |
| 3.56 | Nonpriority creditor's name and mailing address North America Mattress Corp PO Box 2109 Clackamas, OR 97015 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$180.00 |
| 3.57 | Nonpriority creditor's name and mailing address Numotion Tualatin 11975 SW Herman Rd Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70.00 |
| 3.58 | Nonpriority creditor's name and mailing address NW Natural PO Box 6017 Portland, OR 97228-6017 Date(s) debt was incurred ____ Last 4 digits of account number <u>6855</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,121.44 |
| 3.59 | Nonpriority creditor's name and mailing address Oregon Veterans Home- The Dalles 700 Veterans Drive The Dalles, OR 97058 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$303.99 |
| 3.60 | Nonpriority creditor's name and mailing address Pacific Office Automation 14747 NW Greenbrier Pkwy Beaverton, OR 97006 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,650.00 |

Name

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| 3.61 | Nonpriority creditor's name and mailing address Parkview Care Center 1406 Oak Harbor Rd Fremont, OH 43420 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$104.50 |
| 3.62 | Nonpriority creditor's name and mailing address PGE PO Box 4438 Portland, OR 97208-4438 Date(s) debt was incurred ____ Last 4 digits of account number 0000 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.63 | Nonpriority creditor's name and mailing address Philip C. Seegar Revocable Trust 27233 W Cuba Rd Barrington, IL 60010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertible Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$62,500.00 |
| 3.64 | Nonpriority creditor's name and mailing address Philips Respironics PO Box 405740 Atlanta, GA 30384-5740 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$892.71 |
| 3.65 | Nonpriority creditor's name and mailing address Posey Company PO Box 775998 Chicago, IL 60677-5998 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$794.43 |
| 3.66 | Nonpriority creditor's name and mailing address Providence Health & Services PO Box 696430 San Antonio, TX 78269 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$453.00 |
| 3.67 | Nonpriority creditor's name and mailing address Quench USA, Inc. PO Box 781393 Philadelphia, PA 19178-1393 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$165.00 |

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| 3.68 | Nonpriority creditor's name and mailing address Rex Pegg Fabrics Inc 1802 E. Stewart St. Tacoma, WA 98421 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.69 | Nonpriority creditor's name and mailing address RMJ Properties, LLC 937 SW 14th Portland, OR 97205 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.70 | Nonpriority creditor's name and mailing address Robert B. Rothermel Trustee 823 Balmoral Lane Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$106,250.00 |
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| 3.71 | Nonpriority creditor's name and mailing address SavaSeniorCare Corporate One Ravinia Drive, Suite 1500 Atlanta, GA 30346 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,579.66 |
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| 3.72 | Nonpriority creditor's name and mailing address Securus Systems PO Box 822772 Vancouver, WA 98682-0059 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,895.00 |
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| 3.73 | Nonpriority creditor's name and mailing address Sidney Healthcare Center 216 14th Ave SW Sidney, MT 59270 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$224.00 |
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| 3.74 | Nonpriority creditor's name and mailing address Sizewise Manufacturing 252 Mariah Circle Corona, CA 92879 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$944.73 |
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3.75 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
Spokane Veterans Home
PO Box 41150
Olympia, WA 98504-1150
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.76 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
Star Cushion
5 Commerce Drive
Freeburg, IL 62243
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.77 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$513.88**
Strategic AR
PO Box 101382
Atlanta, GA 30392-1382
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.78 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$185.50**
Tel Hai
1200 Tel Hai Circle
Honey Brook, PA 19344
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.79 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$62,500.00**
Terrence Gibbons Trust
703 9th Ave
Kirkland, WA 98033
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Convertible Debt
 Is the claim subject to offset? ☒ No ☐ Yes

3.80 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
Tuffcare
4977 E. La Palma Ave
Anaheim, CA 92807
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.81 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$36,917.96**
TwinMed
PO Box 847340
Los Angeles, CA 90084-7340
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

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| 3.82 | Nonpriority creditor's name and mailing address Ventex Inc. PO Box 2720 Ashburn, VA 20146-2720 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.83 | Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$605.97 |
| 3.84 | Nonpriority creditor's name and mailing address VGM & ASSOCIATES P.O. Box 2817 Waterloo, ID 50704-2817 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,940.00 |
| 3.85 | Nonpriority creditor's name and mailing address Waste Mgmt PO Box 541065 Los Angeles, CA 90054-1065 Date(s) debt was incurred ____ Last 4 digits of account number <u>3003</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$238.11 |
| 3.86 | Nonpriority creditor's name and mailing address WEX Fleet Universal PO Box 4337 Carol Stream, IL 60197-4337 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,703.64 |
| 3.87 | Nonpriority creditor's name and mailing address William C Huck Trust c/o Vitalcor Inc 100 E Chestnut Ave Westmont, IL 60559 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$117,187.50 |
| 3.88 | Nonpriority creditor's name and mailing address William Schmidt 3 Cedar Lake Court Rancho Mirage, CA 92270 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150,781.25 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Keen Mobility Company**
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--|--|---|
| 4.1 | Brian F. Bremer 980 Cape Marco Dr. Marco Island, FL 34145 | Line 3.6 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Michael Kavanaugh 5530 SW Center St Portland, OR 97206 | Line 3.9 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Philip C. Seeger P.O. Box 1087 McHenry, IL 60051 | Line 3.63 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | Terrence A. Gibbons Trust 3701 E. Garfield Street Seattle, WA 98112 | Line 3.79 <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|------------------------|
| 5a. | \$ 0.00 |
| 5b. + | \$ 1,540,679.47 |
| 5c. | \$ 1,540,679.47 |

Fill in this information to identify the case:

Debtor name **Keen Mobility Company**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Palm Desert Office Lease**

State the term remaining **5 months**

List the contract number of any government contract _____

**Lux Box Agency
72245 El Paseo
Palm Desert, CA 92260**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease Expires March 31, 2021**

State the term remaining

List the contract number of any government contract _____

**RMJ Properties, LLC
937 SW 14th
Portland, OR 97205**

Fill in this information to identify the case:Debtor name Keen Mobility CompanyUnited States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Vail Horton** **73 Sandpiper St
Palm Desert, CA 92260**

McKesson Corp

☒ D 2.4
☐ E/F _____
☐ G _____

2.2 **Vail Horton** **73 Sandpiper St
Palm Desert, CA 92260**

RMJ Properties, LLC

☐ D _____
☐ E/F _____
☒ G 2.2

2.3 **Vail Horton** **73 Sandpiper St
Palm Desert, CA 92260**

Lux Box Agency

☐ D _____
☐ E/F _____
☒ G 2.1

Fill in this information to identify the case:

Debtor name Keen Mobility Company

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2021** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$262,056.00

For prior year:

From **1/01/2020** to **12/31/2020**

☒ Operating a business

☐ Other _____

\$2,820,673.00

For year before that:

From **1/01/2019** to **12/31/2019**

☒ Operating a business

☐ Other _____

\$2,428,302.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|---|---|-----------------------|---|
| 3.1. Regence Blue Cross Blue Shield | 12/29/2020: 6,651.72 2/26/2021: 6,651.72 | \$13,303.44 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Ins Premiums</u> |
| 3.2. RMJ Properties, LLC | 12/21/2020: \$10,108.77 1/4/2021: \$14,126.99 1/21/2021: \$14,126.99 3/4/2021: \$14,126.99 | \$52,489.74 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u> |
| 3.3. CNA Insurance | 3/2/2021 | \$7,443.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Liability Insurance Premium</u> |
| 3.4. North America Mattress Corp PO Box 2109 Clackamas, OR 97015 | 1/7/2021 | \$19,443.50 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____ |
| 3.5. Rex Peg Fabrics PO Box 1455 Tacoma, WA 98401 | 1/29/2021 | \$10,000.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____ |
| 3.6. McKesson Corp 4345 Southpoint Blvd Jacksonville, FL 32216 | | \$45,238.52 | <input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Sale of certain encumbered equipment and inventory to Network Medical, Inc. Secured Creditor consented to sale and was paid directly by buyer. \$5,000 carve out paid to Debtor</u> |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|---|--|-----------|-------------------|
| McKesson Corp 4345 Southpoint Blvd Jacksonville, FL 32216 | Bank Account Garnishment 2/1/2021: \$25,533.68 2/1/2021: \$168.98 2/1/2021: \$ 7,918.44 | 2/1/2021 | \$33,621.10 |
| Capital Credit and Collection Service 10200 SW Eastridge St Suite 201 Portland, OR 97225 | Bank Account Garnishment 2/22/2021: \$2,570.30 2/22/2021: \$1,859.75 2/22/2021: \$382.58 | 2/22/2021 | \$4,812.63 |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|---|---|---|---|
| 7.1. | Ray Klein Inc v. Keen Mobility 19SC19429 | Small Claims- Contract- Judgment \$1,892.68 | Multnomah County Circuit Court 1200 SW 1st Avenue Portland, OR 97204 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| 7.2. | McKesson Corp v. Keen Mobility, Vail Horton 20CV02780 | Contract- Judgment \$456,908.09 | Multnomah County Circuit Court 1200 SW 1st Portland, OR 97204 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|---|---|--|---|
| 7.3. | Capital Credit and Collection Service, Inc 20CV29138 | Contract - Judgment \$6,643.22 Judgment entered 2/2/2021 | Multnomah County Circuit Court 1200 SW 1st Portland, OR 97204 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
| | <p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p> | | |

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| | Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|-------|---|---|-----------------|-----------------------|
| 11.1. | Motschenbacher & Blattner LLP 117 SW Taylor Street, Suite 300 Portland, OR 97204 | | 3/5/2021 | \$15,727.50 |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

| | Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|------|---|---|---------------------------|--------------------------|
| 13.1 | Network Medical, Inc DBA Hospicelink 2625 2nd Ave N Birmingham, AL 35203 | Certain Equipment and Inventory secured by McKesson. Proceeds paid direct to McKesson. \$5,000 carve out paid to debtor. | 3/1/2021 | \$45,238.52 |

Relationship to debtor

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy From-To |
|---------|-------------------------------|
|---------|-------------------------------|

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

| | Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|-------|---|--|--|
| 15.1. | Keen Mobility 9510 SE Main St Portland, OR 97222 | DME Supplier | |
| | | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Main Office | How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper |

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

| Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|-----------------------|-------------------------------------|--|
|-----------------------|-------------------------------------|--|

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

| Name and address | Date of service From-To |
|------------------|----------------------------|
|------------------|----------------------------|

26a.1. **Mark Shapland**
43191 SW Dudney Ave
Forest Grove, OR 97116

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address**If any books of account and records are unavailable, explain why**

26c.1. **Mark Shapland**
43191 SW Dudney Ave
Forest Grove, OR 97116

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-----------------------|---|--|------------------------------|
| Vail Horton | 73 Sandpiper St Palm Desert, CA 92260 | President, CEO, Board Member, Controlling Shareholder | |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Timm Nielson | 17222 SE Royer Rd Damascus, OR 97089 | COO, Board Member | |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Mark Shapland | 43191 SW Dudney Ave Forest Grove, OR 97116 | CFO | |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Jerry Carleton | c/o Immix Law Group 600 NW Naito Pkwy STE G Portland, OR 97209 | Corp. Secretary | |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Debtor **Keen Mobility Company**

Case number (if known) _____

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 19, 2021**

/s/ Timm Nielsen

Signature of individual signing on behalf of the debtor

Timm Nielsen

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
District of Oregon**

In re **Keen Mobility Company**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 19, 2021**

/s/ Timm Nielsen

Timm Nielsen/CEO

Signer/Title

**United States Bankruptcy Court
District of Oregon**

In re **Keen Mobility Company**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Keen Mobility Company** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

March 19, 2021

Date

/s/ Troy G. Sexton OR:

Troy G. Sexton OR: 115184

Signature of Attorney or Litigant

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